

**WIC PROGRAM COMPLAINT FORM**  
**SIDE A: COMPLAINT AGAINST STORE**

This side is used to file complaints against a store by a participant or local agency staff member.

Store Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Store Number: \_\_\_\_\_

Date of Problem: \_\_\_\_\_ Time of Problem \_\_\_\_: \_\_\_\_ AM/PM

Cashier's Name: \_\_\_\_\_

Cashier's Description:     ☐ Male            ☐ Female            Race: \_\_\_\_\_

What Happened ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint Filed By:     \_\_\_\_\_ Participant            \_\_\_\_\_ Local Agency Staff

Name, Address and Telephone Number of Person Filing Complaint:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The statements I have made are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WIC Family Number: \_\_\_\_\_ Local Agency Number: \_\_\_\_\_

WIC is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or disability, write immediately to the Secretary of Agriculture, Washington, D.C. 20250

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